


## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	COUNT ADAPTIVE NOISE REDUCTION METHOD OF X-RAY IMAGES		
Application Type : regular, utility Attorney Docket Number : 153643 (GEMS 0250 PUS)			
Correspondence address: Customer Number: 27256			
			
Inventors Information:			
<u>Inventor 1:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Given Name:</b>	Gopal		
<b>Middle Name:</b>	B.		
<b>Family Name:</b>	Avinash		
<b>Residence:</b>			
<b>City of Residence:</b>	New Berlin		
<b>State of Residence:</b>	WI		
<b>Country of Residence:</b>	US		
<b>Address-1 of Mailing Address:</b>	4915 S. Radisson Court		
<b>Address-2 of Mailing Address:</b>			
<b>City of Mailing Address:</b>	New Berlin		
<b>State of Mailing Address:</b>	WI		
<b>Postal Code of Mailing Address:</b>	53151		
<b>Country of Mailing Address:</b>	US		
<b>Phone:</b>			
<b>Fax:</b>			
<b>E-mail:</b>			
<u>Inventor 2:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Given Name:</b>	Nicholas		
<b>Middle Name:</b>	L.		

**Family Name:** Marinelli  
**Residence:**  
**City of Residence:** Wauwatosa  
**State of Residence:** WI  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 8117 Warren Avenue  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Wauwatosa  
**State of Mailing Address:** WI  
**Postal Code of Mailing Address:** 53213  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 3:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Kadri  
**Middle Name:** N.  
**Family Name:** Jabri  
**Residence:**  
**City of Residence:** Waukesha  
**State of Residence:** WI  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 2833 N. University  
**Address-2 of Mailing Address:** #201  
**City of Mailing Address:** Waukesha  
**State of Mailing Address:** WI  
**Postal Code of Mailing Address:** 53188  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Attorney Information:

Name	Registration Number
Jeffrey J. Chapp	50579

Publication Information:  
Suggested Figure for Publication - Figure 2

Suggested Classification -  
Suggested Technology Center -  
Total Number of Drawing Sheets -

Assignee 1:

<b>Organization Name:</b>	GE Medical Systems Global Technology
<b>Address-1 of Mailing Address:</b>	3000 North Grandview Boulevard
<b>Address-2 of Mailing Address:</b>	
<b>City of Mailing Address:</b>	Waukesha
<b>State of Mailing Address:</b>	WI
<b>Postal Code of Mailing Address:</b>	53188
<b>Country of Mailing Address:</b>	US
<b>Phone:</b>	
<b>Fax:</b>	
<b>E-mail:</b>	